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THOUGHTS

ON

PROVINCIAL HOSPITALS

WITH SPECIAL REFERENCE TO OXFORD

TOGETHER WITH

A LETTER

TO THE

VERY REV. THE DEAN OF CHRIST CHURCH

LATELY VICE-CHANCELLOR OF THE UNIVERSITY OF OXFORD

AND OTHER PAPERS

BY

HENRY W. ACLAND, M.D., F.R.S.

PRESIDENT OF THE GENERAL MEDICAL COUNCIL,
HONORARY PHYSICIAN TO H.R.H. THE PRINCE OF WALES,
REGIUS PROFESSOR OF MEDICINE, OXFORD,
ETC.

Oxford and London

JAMES PARKER AND CO.

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P R E F A C E.

THE question has lately been put to me by the Governors of the Radcliffe Infirmary whether I consider 'the erection of two wards of twelve beds in each for the reception of infectious cases is sufficient or more than sufficient for the present requirements' of the Institution.

It has seemed desirable to take the opportunity of reprinting an extract from a volume published by me nearly twenty years ago. This extract shows, apart from present discussions at the Infirmary, the general scope of a Provincial Hospital in a place like Oxford.

I have ventured to add an official letter addressed to the late Vice-Chancellor, on account of arguments therein used from another point as to the co-ordination of Medical Charities in Oxford. It has occurred to me that many persons interested in the one subject may be interested in the other.

The papers are reprinted unaltered, and without comment. But at the same time, considering the mass of information obtained since 1856 in these departments of Social Economy, I trust I may not be held pledged to the details of an intricate subject as herein expressed. I reprint them as limited contributions to practical thought on certain points of education in a wide sense, at a critical period of transition and discussion in the University and District of Oxford.

Two other documents are added; one of general, one of particular, application. The first is a schedule which was prepared for the Committee appointed to enquire into the administration of Medical Relief in Oxford. It is a catalogue of questions which a dispassionate person anxious for a sound system of Charity organisation might ask concerning any District. It may thus be useful just now out of, as well as in, Oxford. The second is a more local

document. Any one jealous for the reputation of Oxford as a peculiarly National district would wish to see her Medical organisation such as could be shown to foreigners without fear of comparison in their several ways with Kaiserswerth, Elberfeld, Aix la Chapelle, St. Louis, New York, and many other places. We have not reached that desirable position, though many are striving for it. I probably shall not see all completed; yet I thankfully join others in seeking to add if but one stone to the growing fabric.

One point in connection with the following pages may be noticed as deserving the attention of Governors of Provincial Hospitals, viz. the nature of their arrangements for junior resident Medical Officers. There are many Hospitals quite unsuited to be complete Medical Schools. These might secure for themselves and confer on others a great boon, by establishing such relations with the large Schools that their advanced Students should be received in the country as temporary residents for six or twelve or more months, without any charge, or even with a salary. In the pressure of Medical Studies in the large Schools leisure for thought is much needed. Temporary leisure would be best employed not in the Study away from the Sick, but in the quiet of a small Hospital with a well-selected Clinical Library and a well-devised Laboratory. Conversely, any Provincial Hospital would be much profited by the presence of young men who had passed their Examinations, and were received within its walls as a reward for attainments and good conduct.

Again, the Radcliffe Infirmary is about to appoint a Resident Sanitary Officer or Officers. This post will give excellent means for training a succession of persons in the details of Sanitary investigation in connection with Construction of Buildings, Water and Air Analysis, Disinfecting, Hospital Administration, and the like, subjects in which it is not very easy just yet to obtain regulated experience.

These last two subjects are commended to the attention of the thoughtful managers of both Metropolitan and Provincial Hospitals.

H. W. A.

I.

ON CERTAIN POINTS AFFECTING VOLUNTARY INSTITUTIONS FOR GIVING MEDICAL AID¹.

IT has been said that one of the distinctive characters of the Christian era is the existence of great institutions, whereby they who need help, receive it; and receive it not by right, but by good will. Concerning this observation two things may be remarked; the one, that it is to be noticed of some men that they detest all which they receive from another as of favour: the other, that some claim from the community in which they live that their actual necessities should be provided for as of right. Both these propositions have a show of reason, and are often found to be popular. Both, when pushed to their extreme limits, are certainly untenable. In the happy order of things which the Providence of God has permitted to arise out of the mixed wilfulness and strong sense of our Anglo-Saxon Race, it has come about that the two principles above named, whatever may be said of them on theoretical grounds, have, in many particulars, and in every department of our commonwealth, been happily blended. Sometimes they clash: the voluntary labourers resent the compulsion of the State; and the State officials honestly desire to obtain uniformity of action. The unsymmetrical but mighty machine of a kingdom such as England, creaks in the ears of the Executive, as the multi-farious and too often heterogeneous portions labour on their

¹ Being Chapter iv in Part III of Memoir on the Cholera at Oxford in the year 1854, with Considerations suggested by the Epidemic. Oxford, J. H. and J. Parker. 1856.

way. To regulate this mechanism, if its several parts play lawlessly, each on its own axis regardless of all unity of action, is manifestly impossible. To cripple the will of the individual centres, to force them to obey rigidly an inflexible law, is to pluck out the elasticity which forms the whole into a living body; to destroy the powers which made it what it has become, to stifle for ever the energies which alone give it the power of repair, and to condemn it to destruction by the pressure of surrounding and antagonistic elements.

Of this combination of principles, and of these modes of action, the Medical Relief, afforded to the Poorer classes in England, is an example.

Examine the instance of a County Town such as Oxford. A poor man ill has practically the choice of going into the sick ward of the Union-house, of being attended at his own home by the Union surgeon, of receiving advice at the Dispensary, of being attended at his own home by the Dispensary surgeon, of becoming an out-patient at the Hospital, or an in-patient at the Hospital¹. If his case be chronic, he may, by selecting the admission-day, place himself under whatever Physician he pleases, in a medical case; or whatever Surgeon, in a surgical case.

It is hardly necessary to add that the State provides the Union Medical Relief; that the Voluntary kindness of individuals, bestowed by legacies, gifts, or subscriptions, secures the remainder; that to the extent of the State relief there is no limit; and to the relief afforded voluntarily, the limit of the size of the Institution, and the power of finding a Recommendation, if the Hospital be not a Free one.

Now, first, as to the Medical Aid provided by the State.

It is sometimes the fashion to decry the Union Medical Relief. Nothing can be more unjust. Every precaution is taken to ensure that it should be the best that is to be had. The Parish in full conclave elects its Guardian; the Guardians, or the majority of them, appoint their Medical Officer, and fix his salary. An able Government Commission watches their proceedings, and keeps them within certain bounds. There is every guarantee therefore that the Officer shall be the best that can be obtained; the regulations under which he acts, his salary, and his duties the most proper under all the circumstances of the case. If it be not so in the practical result, it must be because the electors do not do their duty, or because good medical men will not take the

¹ Of course, he often obtains, besides or instead, advice from Practitioners not belonging to any of these Institutions.

office, or because the State regulations are faulty: either one or two or all of these may combine. It is impossible for me here to pursue this argument to its end¹; but this must be added. The Poor Law of England is one of the most amazing institutions that the world has ever seen. It is a guarantee on the part of the community, to every individual composing it, that he shall neither want food, clothing, shelter, or medical aid when he is in need and cannot, by his own exertions, or by reason of ill-health, obtain them. It is true that the State gives no more of these than is barely necessary for life—but it gives that. As Dr. Farr has it² in an invaluable Essay on Insurance:—

‘In a nation without a settled system of relief, such as the Poor Law affords, the sick man often obtains relief at Hospitals in the large cities; he is sometimes succoured by the Priest, or by the Christian proprietor; but how often does it happen that all these resources fail, or afford only temporary succour to an abiding infirmity? Death by starvation is in England accidental; in the countries without a Poor Law—that is, in nearly every other country—the relief of want and suffering is *the accident*.’

But he goes on to say, as it is necessary to add,

‘The Poor Law is imperfect, as it professes only to be a provision against destitution; and provides the same relief for the accidentally ruined proprietor, merchant, lawyer, medical man, farmer, tradesman;—for the mutilated artisan, for the agricultural labourer, bending under the heavy labours of a long life, who have either contributed largely for many years to the poor-rates, or have supported themselves to the last moment of pressure the same workhouse for all the unfortunate members of these classes as is provided for the vagrants, beggars, drunkards, unimprisoned criminals, for all the idle and impotent members of society, who never contribute to the poor-rates at all, but are constantly living, and breeding families of beggars to live in perpetuity, at the expense of the rate-payers.’

The Poor Law does not profess then to provide any of the luxuries of life; and so gives help to none who can obtain better. It is quite conceivable that a State might compel all its members to insure their lives according to their station,

¹ I cannot, with propriety, here discuss what is the proper amount of the salaries to be paid to the Union Surgeons. The whole subject of Medical Relief, provided by the State, requires fundamental revision. I have been told of instances of Union Surgeons spending more than their salary on Medicine alone for the poor, for several years. It may be true that they prefer this to surrendering their office; but there is no question, I think, that it is ungenerous on the part of a State to allow the very necessities and known kindness of professional men to be a means of further overworking and underpaying them. The OXFORD Guardians have made liberable and admirable arrangements in their United Parishes. They have halved the work, increased the salary, and have given the Union Surgeons a Dispenser, and provide all Medicines. This is well for the Surgeon, better for the poor.

² See the Twelfth Annual Report of the Registrar General.

but ours does not. Accordingly they who desire more than the supply of the Poor Law, and are able to obtain it from their wealthier neighbours, or to provide by Voluntary Associations, such as Benevolent Societies, and the like, do not come to the State for Relief. This applies to Medical advice, as well as to food and to shelter.

It should of course be remarked, that before the Poor Law had reached its present systematic and admirably contrived work of administration, many of our large hospitals existed; and they were founded by benevolent persons because the State did not do its duty; and that, therefore, if we admit that the Medical Relief of the Poor is properly provided by the State, then such Subscriptional Hospitals are superfluous. It is the special object of this paper to state clearly what seems to be the Function of such Hospitals; and under what conditions they may hope to continue to discharge, with advantage to the community, the duties they have undertaken.

Hospitals supported as Benevolent and Voluntary Institutions, profess to provide medical aid either to persons who do not come within reach of the State assistance, or to give to those who do come within that reach, more than the State affords. If the matter be viewed rigorously, they ought only to do the former; because Medicine and Surgery can properly be handled only in one manner. The equality of man in his bodily nature raises her voice, and says, 'Sickness is one to the poor, and one to the rich: or if not so, then, the poor, because of his poverty, needs the more in his sickness.' Therefore the poor of the Union should be at least as well cared for as the patients of the Hospital. But, in fact, it is not so. A Hospital is one of those institutions that cannot be conducted meanly and well; a person may be warmly and meanly clad, warmly and meanly housed, well and cheaply fed. But he cannot be as well, as healthily, as readily cared for in his sickness in a poor Institution as in a more wealthy one; in a very small as in a larger one; in an Institution where cheapness rather than kindness and charity is the first law.

I do not mean to say that a ward in a Poor-house cannot be as well furnished, and as kindly watched, and as skilfully officered as a ward in St. George's Hospital; but in many Poor-houses it would be difficult; in some impossible; in few, I suspect, can it be seen. But still the principle of the State Relief, as things are now, will enter more or less into the Infirmary of the Union; a magnificent Hospital, the pride

of the wealthy, the joy of the loving, subscribers, will gather round it more scientific appliances, more medical talent, more earnest pupils, more trained nurses than the Guardians can hope to obtain. The large Hospitals will thus be deservedly esteemed a boon to those who can frequent them; and will be certainly preferred to even the best Infirmary provided, as at present, by the State, to be used at the will of all who need.

The desirableness then of the existence of Hospitals for the Poor, independent of and beyond the Medical relief afforded by the State, being admitted, they have corresponding duties. I will endeavour to state, first, what Functions a Subscriptional Hospital may be reasonably expected to discharge: and, secondly, what kind of persons should be able to profit by them.

A General Public Hospital should show itself to be—

- (1) A Standard of Medical and Surgical Science and Practice, and a means of promoting a knowledge of both.
- (2) A Model of Economical Arrangement, and of Scientific Sanitary Appliances.
- (3) A Pattern of the Manner of Managing the Sick, under whatever aspect they may be considered.

First—Hospitals should be a Standard of Medical Science and Practice.

The question has been often discussed whether Hospital appointments should be obtained by examination, or as now, by the chances of popular election. Probably the best way is by leaving the choice to a Committee, appointed by the body of electors for the purpose. This has been done at St. Mary's Hospital in London. But, no doubt, upon the whole, the Hospital appointments in Great Britain and Ireland are held by a set of men inferior to none of their brethren. They have the advantages as well as the duties which belong to the posts of mark in their profession, and are virtually the chief teachers of it. It is unnecessary therefore to speak of Hospitals in this respect: they cannot, on the whole, be better officered. With regard to work done in imparting the knowledge which the Staff possesses, it varies according to the size, nature, locality, and popularity of the Institution to which they are attached. The Metropolitan Hospitals take the lead; and it is proper and eminently desirable that they should. It is only in special cases that Provincial Hospitals

should attempt to compete with them. These cases are those where the Hospital stands in the centre of a great population; and where therefore it is a large one, largely supplied with acute cases, and with numerous examples of slighter forms of disease: and where also the Medical Staff is picked from a wide circle of active Practitioners. Provincial Hospitals can have no vocation to teach students if they are not so circumstanced; with this reservation, that a *small* number of hard working men can obtain a great deal of Clinical knowledge in a small Hospital: either at the outset of their pupillage, or at its close: a first-rate Medical Education they cannot get.

Nothing else can offer the peculiar benefits which a large Metropolitan Clinique bestows. An advanced student might have great advantages in a Hospital such as the Radcliffe Infirmary. Not however as that is now conducted. A young man entering as a pupil there sees only the practice of *one* person: he is one man's pupil. He could perhaps enter to several of the Staff; but that is not the custom. He therefore studies one-seventh of the cases. The same arrangement exists with the Clinical Professorship. Instead of there being, as in Edinburgh, two or three Clinical Teachers, one Physician alone gives Clinical Lectures: so that only a third of the Medical Cases, or not a seventh of the inmates serve for Clinical Instruction¹.

There are reasons which need not be discussed in this place, why in Oxford and Cambridge it is unquestionably desirable that there should be a certain range of Medical and Surgical Instruction; but, speaking of Provincial Hospitals generally, their function as teachers is not that of giving lectures to pupils. It is being to the surrounding districts the accessible, public standard of the state of Medical and Surgical Practice, and of Medical and Surgical Science and Apparatus. It is a silent testimony they give, but an invaluable one. But for this purpose they must in every thing be kept as nearly as possible on a par with the Metropolitan Hospitals. Why this is of special moment will presently appear. Let it therefore be here only repeated, that the first aim of a Provincial Hospital should be to meet all the great exigencies, Medical and Surgical, of its district and to be a Centre of Medical Experience and Knowledge.

¹ It has been earnestly pressed on the Hebdomadal Council, in order to avoid this loss of power, to divide the Clinical Professorship, hereafter, among the Physicians, or at all events to divide it into two. But that body, I am told, has no power to make such a change.

Secondly—A Provincial Hospital is to be to its District a Model of Sanitary and Economical Arrangement.

In the same way the Hospital is to be looked up to as the Type of all Scientific Hygienic appliances and of useful æconomical arrangement; for instance, of Ventilation. All Hospitals are not however agreed on the propriety of this. Gas was lately introduced into the Radcliffe Infirmary: some of the Medical Staff—and others—signed a protest against its introduction without proper Ventilating Flues: partly on the general ground of impropriety: partly on the ground of the public duty that the Hospital should in such things be a model of Sanitary arrangement. But the votes decided the other way: so that there is a ready answer when, in this part of England, Ventilation is asked for in workshops or sleeping rooms—‘at the Oxford Infirmary the introduction of Gas into wards used both for sleeping and living was discussed; and it was settled that it might be introduced, and that Ventilating Tubes were unnecessary.’

The County, on the other hand, decided on adopting the most elaborate means for Warming and Ventilating the County Gaol; and that Institution must be referred to, and not our Hospital, for appliances of this nature. When indeed the same standard of internal perfection which has been aimed at in our excellent County Prison, has been provided for the sick poor of the district, we may hope to see efficient and equable warmth and Ventilation; a more extended garden for those approaching to convalescence; and a large covered and warmed airing ground for the treatment of pulmonary diseases, which abound in some portions of our population; a safe place for contagious disease: separate wards for special diseases: and a clergyman resident on the premises.

In another particular also a Provincial Hospital may, by very small means, effect great results, I mean by instruction in the Kitchen. It is needless to pourtray the unimaginative character of common English cooking. Where a Frenchman, a German, or an Italian can luxuriate, an Englishman will grow thin. Various books have been written to remedy this misfortune, culminating in M. Soyer's elaborate volumes. In no department of this branch of Chemistry applied to the arts are we more signally behind our age than in that of Food for the Sick. It is a very few years, not ten, since, in a well known Hospital, every patient had on Christmas-day roast-beef and plum pudding, followed probably by senna the next day. It was thought a fanciful innovation at the time that a

young Physician suggested that jelly, or fish, or any other delicacy might, for just the same cost, be given in honour of the Christmas festival. A similar inelasticity pervades the whole culinary ménage. A Hospital might be maintained for less cost with more culinary resources; and the women would learn to value what they would see in practice to be as advantageous as pleasant. It might be made, with very little trouble and with great advantage, a part of the duty of the Hospital kitchen to teach girls and adult females, whether inmates of the Hospital or no, the essentials and the varieties of a sick dietary, and the other forms of useful and economical cookery. In almost every Town a Lady might be found who would undertake to superintend this department with no charge whatever to the establishment. What would be the gain to the agricultural and labouring population of such a district as this, what the amelioration of hundreds of cottage hearths by this slight addition to the objects of the Hospital, many benevolent persons will at once appreciate.

Thirdly—The best manner of providing for the Inmates of Hospitals.

Under the third head, the Best Manner of Managing the Sick, under whatever aspect they may be considered, are evidently contained questions of the most serious importance. I must crave forbearance from persons of various opinions while I endeavour to place the matter in a clear light, from the point of view in which it presents itself to me. This is undertaken with the more readiness, because there is just now a new feeling springing up in England on the whole subject of Hospitals and their Nurses: and there is much risk of misunderstanding, and consequent loss of power among the numerous philanthropists whose interests are engaged.

The great question which is fundamentally at issue between those who desire to alter the character of our Hospital Nurses, and of our Hospitals, and those who think that upon the whole they are very well as they are in England, is this, Are Hospitals institutions for the mere relief of human suffering? or, Are they religious houses in which our fellow-men, treated with all the warmth of Christian charity, are to receive spiritual consolation and such medical aid as they require? In other words, to push the difference between the two views to the extreme, Are they places for the benevolent application of science? or, Are they Christian families, into which the Physician is called at the need of the inmates?

However it may be with other men, I heartily sympathise with both these views. I can take extreme delight (I can use no other word) in the mere scientific application of the Healing Art, in all the dry routine of a vast Hospital, where the Student and the Surgeon may for days and weeks exchange no other idea with the scores of his patients than those which relate to their vital changes, and their pathological processes; where the man, and his bed are known as No. 14 or 15, and his death thought of only as the end of the case: in all this, I say, I can, God be thanked, take extreme delight. It is the honest expression of earnest minds devoted to a noble purpose, with a zeal that knows no flagging, a heartiness that feels no daunting. It is that temper which has helped to make the Arts of Medicine and Surgery the boon to mankind which they are; which scorns all meanness; which courts all publicity; which yearns after truth for the truth's sake; and which at once sharpens the intellect, and strengthens the practical purpose of every nature that is noble enough to be ennobled by it.

And yet, on the other side, it must be admitted, that, with all this that has been said, great evil may be compatible, and has existed. The teachers may be lax and worldly; the students dissolute; the servants corrupt: it may, it need not, be so. I doubt not but that round the Hospitals of Europe there have, in days gone by, been gathered habits of vice; but, speaking of what I have seen myself—I can do no more—I think many prevalent notions concerning Medical Students and Hospitals, unjust and unfounded. I wrote so when a student at a London Hospital: I repeat it with a much larger experience now.

‘Some persons, indeed, suppose that Medical Students are different from other men; and many hard things have been bandied about at our expense. I have heard their necessary occupations in the dissecting room, and their studies in the hospital vilified; the very means, that is, which in patience, in doubt, and in difficulty they pursue, that they may confer health and its blessings on their neighbours; and, which is prodigious, the charge that usually crowns the rest, is, that they really take pride and pleasure in their pursuits.

‘Experience has, moreover, shown me, that the world has not been in this matter charitable above her wont. The question ought not to be, whether we are bad men, and want control, for that I doubt not; but whether we are worse than other large bodies of young men. *Considering our disadvantages*, I speak only of what I have seen, I think not¹.’

With respect to the Nurses especially, I am most anxious

¹ A letter from a Medical Student on some Moral Difficulties in his Studies, and on the Duty of the State to aid in lessening them. Rivington and Churchill, 1841.

for an opportunity of publicly testifying, that as far as I can recollect, having been in the wards as much and at as various times as any student of my age, I have never heard a nurse say an improper thing, or saw a nurse do an improper act. For aught I know, many have been dismissed for various misconduct during my pupil days; and no doubt were so: but I may further say, that, of all the nurses I happen to have known, the three persons I would rather have in my house, in the case of any grievous illness befalling me or mine, are or have been all of them hospital nurses.

So much however is known of our ordinary English Hospital system, that it would be idle in me to describe it. It is like most other things in England, neither perfect nor bad. As mere Medical institutions, I suppose them not to be surpassed. Through the devotion of our Chaplains¹ and other religious visitors, much is done for the spiritual, and intellectual, and moral care of the inmates; much more is done in foreign countries, and more can be done in this: the question is, had it better be done?

The simple way of answering this question is, to remind the reader of the mode of working in a well known institution, often held up as a model for imitation: I mean the establishment of the excellent Pastor Fliedner at Kaiserswerth; one which certainly any one, desirous of practical information on this aspect of a Hospital, should visit. It may of course be said, that Pastor Fliedner's Hospital is really founded for the purpose of training his Deaconesses; and yet this is no objection. It is a Hospital worked on the plan of a religious institution. It will be borne in mind that the very essence of this indefatigable man's work is to show that such a Charity can exist among Protestants; and that he has no reason to doubt this, from the extraordinary success of his work, will, I believe, be readily allowed. His Deaconesses—persons of every rank—agree to remain for a certain time, are at liberty however to leave if they will; and serve without money reward². Ladies of noble birth are among his Sisters; women of the humblest origin, and the meanest education, are equally available. Each understands the whole routine of the house; but each finds her vocation in that for which her previous life and her qualities the best fit her. I imagine no one doubts the reality of the benefits conferred. The character of the

¹ I cannot speak of Hospital Chaplains without recording my debt of gratitude to the Chaplains of St. George's and of Guy's while I was a student in London.

² They have only sufficient to obtain their clothes.

medical and surgical treatment must of course depend upon the officers who accept or are appointed to the respective duties.

It is impossible to go round the wards of a Continental Hospital, in which Sisters of Charity perform or superintend the work of the house, without feeling that they inspire into the sick rooms an air of cheerfulness and of comfort which cannot be surpassed. There is a charm in that which is done for love, which cannot be purchased. They who are paid may, of their free will, bring the law of love to their work; but, as a general rule, the love of the shepherd, and the work of the hireling have each their distinctive mark. Whatever faults in the conduct of the people; whatever grave errors in the subjugation of their will; whatever falsehood in the dogmas of their teachers, it must be owned that the Religious women of the Continent have the art of tending the sick, and caring for the orphans. There is no sight more touching than to see dense rows of young children rising tier above tier in a crowded schoolroom, that stands in the heart of a crowded district of our large towns; the sunk eyes of sickly and inattentive children; the pale and eager faces of those intent and able to learn; the marks of poverty and domestic suffering that may be read in their dress and their general bearing; the harassed and careworn face of a young government master, who has tasked himself beyond his strength to gain a precarious but honourable position: nothing, I say, more touching in one aspect of human life, except only in another view of it, to see in some foreign Orphan-house a high-born Sister playing with her self-appointed orphan charges; with every appliance that her religious notions suggest; with every charm that her manner may impart; with the most entire perception of the weakness of her charge, and of the variety of methods of cheering, soothing, training them in body and in mind.

It is quite impossible, I think, for any unprejudiced person to see and compare these two sights, without feeling that we have something to learn of the manner of tending the sick, and rearing the young among our poor.

If, in the present pages, any single suggestion were to be offered, especially to Provincial Hospitals, it would be the having attached to them a Residence for a Married Chaplain. In some institutions he lives far from his Hospital, and has other duties¹. It cannot therefore be his home. If the

¹ At the Radcliffe Infirmary the income given to the Chaplaincy is divided

Chaplain and his household be part of the Institution, and himself a man of earnestness of purpose, and ability and judgment equal to his office, his residence at his Hospital would probably bring all of spiritual, intellectual, and œconomical advantage which the English mind will approve or can attain. Such a person, as the Governors would be likely to appoint, would check all the novelties and fancies which the well-intentioned, but inexperienced, might desire to introduce: while he would bring about all that his own office, or the tender watchfulness of his wife, might suggest of real pastoral and temporal good, to the many ignorant and uncultivated people that would pass under his care.

In a country where so many excellent Subscriptional Hospitals exist, it may seem to have been superfluous to narrate what has been just set forth. It is however of great moment that these principles should be clear in the minds of the subscribers, and that they should not be lost sight of. The whole fabric of Voluntary Hospitals may be endangered, if, even one Hospital were to fall short of them. The way this unfortunate result may be brought about, and the consequences that would ensue, may thus be briefly stated.

The State reasonably requires of its Institutions, by whomsoever founded or conducted, that they fulfil their work; and in the event of their failing, the genius of the day places them under State protection; takes away much of their voluntary character, or appoints State Institutions in their stead. This process might very soon take place in all Medical and Sanitary Institutions. England has become what she is mainly by private and local voluntary exertions. But her Government, alive to her great needs, intends to see those exertions rightly directed, and equal to her emergencies: or to place them under Central control: this may be an evil, but it is a much less evil than shortcoming. The true wisdom lies in our making all Local Institutions rise with the increasing demands of a growing population and advanced civilization; in our determination to make them each year fit representatives of the knowledge, wisdom, and science of the present epoch, such as they were at the day of their foundation.

The General Board of Health, in their Instructional Minute issued in 1854, discouraged the multiplication of Hospitals for the reception of Cholera Cases; but they advised that wherever there is a General Hospital, in a Town, conveniently

between two Clergymen, who visit *en alternate months*, neither being residents. In four years we have had three elections to the Junior Chaplaincy. [Now altered, 1875.]

accessible, arrangements should, if possible, be made with the authorities for the reception of necessitous Cases. Whatever applies to Cholera will apply to other Epidemics; such as Scarlet Fever, Typhus, and Small-pox. The request is most reasonable.

The amount of inconvenience, not to say risk, which small families undergo when their only servant, or one of a small number is prostrate with Fever, or other infectious disease, can hardly be appreciated by those who have not experienced it. If the General Subscriptional Hospitals cannot relieve their Towns of the danger and discomfort of such Cases, assuredly accommodation will and should be provided by the Guardians; or by order of the General Board of Health; or by some other compulsory demand on the rates. If the Guardians, during an Epidemic, are compelled to erect a Hospital, they assuredly would not remove it when the Epidemic is ended. They would foresee the need of such an Institution; they would keep it standing; probably use it; and gradually receive into it persons afflicted with other urgent disease: a Staff would grow up round it; arrangements would be permitted by which the poor of other unions would enter it; then patients would be admitted on payment; and the Voluntary Hospital would necessarily decline in funds and fall into desuetude.

If the two Hospitals were equally good, there might be nothing to lament in this: but other circumstances are intimately mixed up with any organic social change such as this. These consequences are viewed by one person as the greatest advantage; by another as one of the greatest evils.

With respect to Subscriptional Hospitals, the case is this: I have met persons who wish to see Hospitals supported 'out of the Rates:' they view in that the transfer of influence from the Aristocracy and the Gentry, and the Clergy, and the wealthier parts of the community, the present maintainers of the 'Charities,' to the will of the greatest number of the voters: they see in that change, at all events a blow to classes they dislike, and a possible obscure gain to themselves.

In this change there would be a disruption of many ties; opportunities of kindness lost on one side, and of gratitude on the other; and duties of charity transferred to the call of the collector. Hear what an eminent French writer says, who has made England his especial study.

*'L'opinion est encore d'accord avec la tradition pour imposer au sujet Anglais le droit et le devoir de travailler et de prendre de la peine dans l'intérêt du bien général. * *'*

‘Les premiers intérêts de tout peuple civilisé, l’enseignement, la charité, la police, plongent leurs racines et puisent leur sève dans l’interminable réservoir des volontés indépendantes et des sacrifices spontanés de vingt millions d’âmes Chrétiennes.

‘L’Anglais donne son argent, son temps, son nom à une œuvre de charité ou d’intérêt public ; il met sa gloire à ce que l’œuvre qu’il adopte ainsi soit au niveau de tous les besoins et de tous les progrès ; mais pour y parvenir il ne songe pas à invoquer ou à accepter la main mise des agents du pouvoir sur tout ce que ses pères et lui ont fondé. Il garde l’autorité avec la responsabilité, le droit avec le devoir. * *

‘*Supported by Voluntary Subscription* : telle est la fière et noble inscription qu’on lit dans toute l’Angleterre sur la façade de la plupart des hôpitaux, des hospices, des asiles divers de la misère humaine. Alors même que le gouvernement a pris l’initiative, le public est toujours venu revendiquer sa part et son droit : *condidit rex, civium largitas perfecit*, comme il est dit sur la façade de l’immense hôpital des aliénés de Bedlam. On comprend bien que ces mots : *entretenus par des souscriptions volontaires*, impliquent ceux-ci : *gouvernés par l’autorité des souscripteurs*. C’est toujours le même principe : l’effort, le sacrifice personnel et permanent, puis le droit et le pouvoir naissant du sacrifice et de l’effort. *Tant que ce principe sera en force et en honneur, l’Angleterre n’aura rien à craindre*’.

There are four other points which the observation of some years induces me to suggest to the consideration of the Philanthropists of this and other Cities which may be in circumstances similar to our own.

Serious Disease the true claim for admission to a Hospital.

The professional services of a Hospital are mainly without emolument ; and cheerfully and thankfully rendered : therefore the work should be made as light as is consistent with its being done with efficiency. In some Hospitals the senior medical officers take the in-patients, and there are junior officers who take the out-patients. Here in Oxford all have charge of out-patients. I am inclined to doubt whether this is a wise arrangement ; and I believe it would be far better if the two senior Physicians had the in-patients, with each a Clinical Professorship, and the junior had the out-patients. On this there is much to be said on either side. Next, it may be doubted whether in Oxford it is necessary that there should be any Medical out-patients². I believe that, considering the fact that far more attention is exacted than formerly from the Union Surgeon,—liberally administered as the Oxford Union is in this particular,—that there is an excellent Subscriptional Dispensary, with a paid medical officer to attend the poor at their own homes, it may with confidence be

¹ L’Avenir Politique de L’Angleterre par le Comte de Montalembert, p. 255. éd. 2^{de}.

² This does not apply to In-patients discharged relieved.

said that the poor can be better cared for in the City by the Union or Dispensary Surgeon than they are as out-patients at the Hospital. With respect to Medical out-patients from the Country, I am convinced that many derive great injury from journeys to Oxford in inclement weather; and that they come to and fro, when it would be better that, rather than do so, they should have no treatment at all. I will not venture to speak of other Towns, especially the large Towns of England, and still less of London, which is quite exceptional in this particular; but I am satisfied that in this and the surrounding Counties, considering the excellent Practitioners who hold Union appointments in them, Country patients should be discouraged from coming as Medical out-patients to Oxford as much as possible. Further, that if the Subscribers to the Hospital, after calmly reviewing the whole circumstances of the Country, the improvement in the Poor Law, and the higher education of the general Practitioners in country districts, should then conclude that out-patients' orders for Medical cases should still exist, it would be far better to have *one Form of Recommendation*, and to let it rest with the Physician of the week to decide which cases should occupy the beds, and which should be out-patients. It is certain that in our Hospital it constantly happens that many of the Recommendations should exchange hands: that persons come with in-patients' orders whose cases are far too slight to justify their occupying a bed,—but it is invidious to refuse them: and that poor creatures come with only out-patients' Recommendations, whom it is a source of misery to see return home. The Recommenders judge often by the comparative importunity—the Physician by the comparative necessity of the sufferers.

There may be evils in 'Free Hospitals' with which I am unacquainted; but the friend of the poor will endeavour to break down every obstacle to the freest admission of the worst Cases of disease at the shortest notice. Serious disease is the true ground of admission to a Hospital. It is sometimes said, that, if this principle were allowed, Subscribers would lose the patronage given by their subscription; and that all manner of 'Parish Cases, Fevers, and Inflammations, &c. would get in.' I do not believe Subscribers are influenced by so mean motives as this implies. They maintain their Hospital as a public good, and take pride in it: and it is my firm belief that, the more practically free a Hospital, the more severe would be the cases that come thither; the more good would be done, and the more

munificent would be the Contributions. This applies to the Diseases of Children as well as to those of Adults: for no County Hospital is complete that has not a Children's ward.

*The Labouring Poor not the sole Objects of Charity
for a Hospital.*

There is misunderstanding often as to the Nature of Poverty. To earn less than is sufficient to enable a prudent man to obtain a livelihood in his business is poverty: to have more than a man need expend, is comparative wealth.

There is no class of persons more poor than they who, having small salaries, are required to dress well to keep their situation, or who need books, or other matters which are costly. I may be excused for instancing teachers of various grades—of either sex.

Now all such persons are ruined, as the world has it, if they have aid from the Parish, or if they go to a Dispensary. They therefore are most fit objects for whom to provide aid; but their address, education, and appearance is often a hindrance to their being aided in distress. Such persons have sometimes small means which they would gladly apply to aid their treatment. For Chronic Diseases of Females especially this would occur. For the reasons before named—the increased care of the poor—it would be exceedingly desirable for our Infirmary, and other Hospitals, to take in persons of education and small means, on payment, and in a separate ward. I have been myself an in-patient in such a Hospital in Rome; and ever grateful shall I be for the kindness I received there. I was in lodgings; alone; ill; far from any attendant. A dollar (four shillings), a day was the sum paid by me for a separate room, and the supply of every want. This sum amply repaid the Institution. The more satisfactory to the recipient who could pay it. The comfort, independence, and freedom from care which single men and single women would feel if they had this course open to them, without loss of caste, are not to be described in words¹. To draw up details of such a scheme would here be out of place.

On the necessity of providing Nurses for the poor.

Far more important than a revolution in Hospital Nurses appears to me the obtaining Nurses trained and qualified to

¹ In London there is more than one Institution of this nature.

attend the poor at their own homes¹. There is no object more requiring the energy of the benevolent ; none more certain to repay their exertions ; none more easy of execution. A very moderate Subscription, the co-operation of Guardians, the consent of the Governors of Hospitals, with the aid of the Parochial Clergy, might at once obtain for every town a corps of Nurses, such as we had at Oxford at the time of the Cholera. A Lady, resident here, is willing to undertake the organization and superintend such arrangements for Oxford. A body of more or less competent women would then be ready at all times to wait on the sick poor. They might at once effect good in various ways. Their knowledge of cooking alone would be a positive boon, supposing always they had been properly instructed, as has been proposed, at the Hospital. The more able of them would in time become trained Nurses for all classes ; they would be known and certified. This would probably have been attempted here had not the Cholera Nurses, for the most part, gone out to the Crimea, and had not other circumstances delayed the public proposal of this plan. What can be effected in Oxford, can be effected elsewhere. Persons might come hither for instruction from parishes in Oxfordshire and the adjoining counties. In connection with every Hospital, through the kingdom, such an institution might soon exist, to the great advantage of every class in society, and to the maintenance of many respectable women, and especially of widows.

The benefit of such an organization is so apparent, that I need not say more on the subject ; but only suggest to the reader, the boon that it would be during the prevalence of Epidemics of whatever kind²:

On certain points in Female Penitentiaries.

There are several questions which this section invites us to

¹ In Sussex a society has been formed with a similar object for country parishes ; in them Nurses are much needed. Information concerning it may be had of the Rev. W. M. Blackwood, Rotherfield.

² The Epidemiological Society (13, Upper Brook Street, Grosvenor Square,) has laboured to promote the supply of Nurses to the poor, through the medium of Workhouses. Various applications have been made by the Committee of the Society to the Poor Law Board. There are difficulties in the way of the proposed plans, which at present are insuperable. But the object and the design are really excellent. I am disposed to think that a Voluntary Association in every town or union, aided and supported by the Guardians, would, in some respects, be far better. At all events, until the Poor Law Board do undertake the plan, it is earnestly recommended to the attention especially of the WOMEN OF ENGLAND.

I take this opportunity of remarking on the great inconvenience and distress which sometimes arises here, from the want of a place to which insane persons, not paupers, can be sent on *immediate* notice. The Warneford Asylum has a weekly admission day.

discuss ; among others the unsatisfactory character of some of the Regulations in Medical 'Clubs' or Benevolent Societies : wherein, I am informed, the medical adviser is sometimes remunerated at a rate which does not pay his outlay for medicine.

But this and others I must pass by, to name one topic of grave importance—the admission of Fallen Women into General Hospitals. From our Hospital all venereal cases are excluded. This is an intelligible rule, and is to be strictly observed. No woman of known bad character is admitted there : all therefore can safely send young women in whom they are interested.

Then what follows? we have no 'Lock Hospital.' A few years ago, when I was beginning practice, a young woman in an agony of suffering appeared at the Infirmary. The case was a forbidden one. She must go away. She expressed a willingness to go to the Penitentiary. I applied there : she could not be received. She had an acute disease. She remained in the street ; and finally found her way to the foul ward of the Workhouse. A Lady going, from religious motives, to visit her, was refused admittance.

Well, then, these wretched women, when, pressed by sickness and suffering, they would return, cannot. In the Hospital they may not be treated : they must be thrust with their fellows into a proscribed ward in the Workhouse, and be hardened. Our Penitentiary, when urged, took the noble course : all honour to it : it agreed to receive them well or ill. The numbers have increased to overflowing ; and a New House and more Funds are wanting. If this meet the eye of a wealthy man, let him be assured he can give no sum that is not needed, and will not be used.

Now I do not say that all Penitentiaries should do this. I think not. Two classes of Penitentiaries are wanted : the one where women are received : the other where they are kept. In the first, they should be taken in any state of disease : in the second, it is better that they should be in health. On this point I can have no doubt. The two establishments may be under the same management : or in concert with each other in different localities—as Oxford is with Wantage, and elsewhere. The receiving houses may be small. A Penitentiary for discipline cannot be conducted on a very small scale. A large ship is more easily managed than a small one.

With these brief considerations the present remarks on the working of Voluntary Medical Institutions, in Oxford and probably in some other Towns, must be brought to a close.

The chief points which have been brought forward for the consideration of those interested in them are—

1. The nature of the claims on the State for Medical Relief.
2. The duty of the State to see that there are efficient Medical Institutions in every County or District.
3. The great disadvantage to the Country if the State Institutions supersede Voluntary Institutions—
 - As Centres of Medical and Surgical Practice,
 - As Standards of Scientific and Hygienic Knowledge,
 - As safe Receptacles for Contagious and Epidemic Disease.
4. The Desirableness of receiving, upon weekly payment, certain of the Middle Classes into private wards and apartments provided for them in connection with the County Hospital.
5. The revision of the mode of admission to some Hospitals, so as to ensure that those only enter the Hospitals who truly need it; and that none are Out-patients who cannot be *thoroughly* treated in that manner.
6. The duty therefore of zealously supporting Dispensaries, by which the classes above 'Paupers' are visited at their own homes, as a much truer Charity than the Out-door advice of the Hospital.
7. The making the Hospitals serve as Instructors in Nursing, and in the art of Cooking œconomically for the Sick.
8. The endeavour to use them, as far as possible, as means for Moral Instruction and Spiritual Improvement to the inmates. This view need in no way interfere with their thorough efficiency as Scientific and Medical Institutions: but cannot be effected without engrossing the chief energies of the Chaplain.
9. The preparing lists of persons willing and qualified to serve as Nurses among the Poor; to organize them so as to be available in Epidemics, and at all other times; and through the agency of such organization, to give them all instruction calculated to make them efficient aids in sickness.
10. The providing in all Towns where there is need for it, special means of treating penitent women: 1st. That they may be kindly dealt with in their sickness: 2nd. That there may be no excuse for admitting them into the wards of the Hospital.

Those that have thought of the questions touched on in this paper, and who have successfully conducted the Voluntary Medical Institutions, which are among the chief glories of our nation, will bear with a meagre but hearty acknowledgment of their labours : they will heartily desire to see the time when the Government shall find no need to inquire into Charities, because they are perfectly administered ; and will be spared the duty of controlling Subscriptional Institutions, because they are a model to those of the State. Until that time, they will earnestly wish that the administrative talent and the large influence which exists in every County in England, should jealously provide that the Voluntary Institutions, which watch over the temporal necessities and bodily infirmities of the honest and labouring poor, shall in nothing fall short of that perfection which various Institutions for the punishment of Crime or the reform of the Criminal have in their district attained.

II.

LETTER TO THE VERY REV. THE DEAN OF CHRIST CHURCH, LATELY VICE-CHANCELLOR.

OXFORD, *April 17, 1874.*

MR. VICE-CHANCELLOR,

I have delayed hitherto to answer your Questions as to the Professorships of Medicine in this University, in the hope that the Reports of the Commissions on Scientific Education and on the Revenues of the University might both be completed, and that they might furnish me in this period of transition with the fullest data for the solution of a difficult problem.

But I do not feel justified in longer delay, and have therefore the honour of submitting to you the following brief remarks, embodying my own general conclusions as to the functions of Oxford in respect of an important and much discussed department of National Education.

It is within your personal knowledge that I published some carefully formed opinions on this subject in the year 1848, in consequence of a Bill brought in by Sir James Graham relative to Medical Licensing Bodies. Since then, I have had on various occasions publicly to express my sentiments on the subject—before the Commission of which you were a member in 1854, before the Schools' Commission, the Science Education Commission, and elsewhere.

The circumstances of the University have greatly changed in the twenty-six years since 1848. But I am happy to say that the principles on which, as regards Science teaching, the University has acted have been hitherto confirmed by the course of events.

You ask me the following Questions :—

1. Is the present number of Professors sufficient for the studies with which your Professorship is connected?

2. Is the distribution of subjects among such Professors satisfactory?

3. Will it be expedient to make a distinction between Professors-in-chief and Readers (or Assistant-Professors)? And, if so, what should be the relation of the Assistant-Professors to the Professors-in-chief?

4. Are there any subjects connected with your Professorship for which it might be expedient to make temporary or occasional provision only?

Formal answers to the questions given above will be valueless unless the recent history of the Faculty of Medicine in the University is borne in mind.

Evidence given on behalf of the University, before a Committee of the House of Commons in 1848, showed conclusively that twenty-five years ago there was neither attempt nor desire, on the part of the University, to prosecute Medical Studies at Oxford in a serious manner.

In that same year I addressed a paper to the Council of the University, advocating the principle, that though the University should then make no attempt to form a complete School of Practical Medicine, nevertheless it might and should maintain a Department of Physical Science, capable of the utmost development, and including all the subjects which are fundamental to the Science and the Art of Medicine.

In the year 1858 the present Professor, after serving for thirteen years as Lee's Reader in Anatomy, succeeded to the Professorships of Medicine held by his predecessor, who was then also ex officio the University Professor of Anatomy.

The Medical Professorships so held are two—

The Regius Professorship of Medicine.

The Professorship of Clinical Medicine.

There is therefore in the Professoriate of Oxford only one person to represent the entire Medical Department.

If the University shall determine hereafter to develop either the Practical branches or only the Scientific branches of a School of Medicine, the existing arrangement will be entirely indefensible.

Two illustrations will prove this.

1. The following are the strictly Medical subjects professed in the University of Edinburgh, excluding the Science Professorships at the foundation of Medicine, such as Physics, Chemistry, and Biology.

Materia Medica.
 Medical Jurisprudence and Police.
 Medical Psychology.
 Mental Diseases.
 Practical Instruction in Mental Diseases at Asylums.
 Practice of Physic.
 Clinical Medicine.
 Midwifery and Diseases of Women and Children.
 Clinical Gynæcology.
 Obstetric Operations.
 General Pathology.
 Practical Pathology and Morbid Anatomy.
 Surgery.
 Clinical Surgery.
 Operative Surgery.
 Diseases of the Eye.
 Bandaging and Surgical Appliances.

2. In Guy's Hospital the following, exclusive of the Science subjects, are taught by more than twenty different Teachers :—

Medicine.
 Clinical Medicine.
 Surgery.
 Clinical Surgery.
 Practical Surgery.
 Morbid Anatomy.
 Medical Jurisprudence.
 Materia Medica.
 Midwifery (Lying-in-Charity, about 2000 seen annually).
 Diseases of Women.
 Ophthalmic Surgery.
 Pathology.
 Hygiene.
 Morbid Histology.
 Surgical Pathology.
 Operative Surgery.
 Surgical Appliances.
 Cutaneous Diseases.
 Dental Surgery.
 Aural Surgery.
 Mental Diseases.
 Clinic of Insane at Bethlehem Hospital.

The subjects of detailed instruction are still more numerous in the Universities of Germany.

If therefore the Oxford of the future undertake to place its Medical Professoriate on a level with other Institutions, such as

the University of Edinburgh or Guy's Hospital, or even the smaller Universities of Germany, it will be necessary to make at the least the following additions:—

I. *Additions to Professoriate in relation to Scientific ground-work in Medicine*¹:—

One additional Professor in Physics.

One in Chemistry.

Two in Biology.

(The arrangements for Botany, Zoology, Physical Geography, Meteorology, and Geology, in their relation to Medicine, require consideration.)

II. *Subjects in which it would be necessary to provide Professors or Teachers in relation to the Practical work of Medicine*:—

Systematic Medicine.

Practical Medicine, and Clinic (by all the Physicians of the Infirmary, and Extra Clinic by the Local Government and Dispensary Medical Officers).

Systematic Surgery.

Practical Surgery, and Clinic (by all the Surgeons of the Infirmary and by the Local Government and Dispensary Medical Officers).

Psychological Medicine and Clinic at the Asylums.

Materia Medica and Pharmacy.

Medical Jurisprudence and Toxicology.

General and Comparative Pathology, requiring an Assistant Demonstrator for Microscopical and Chemical Pathology.

Ophthalmology.

Midwifery and Diseases of Women and Children, Clinic of Local Government Officers and Lying-in-Charities.

National Health.

Medical and Vital Statistics illustrated by the Town and District.

To carry out the above the University should have access to all existing means for Medical teaching within her precincts; not only, that is, to all the cases at the Infirmary, but those of the Local Government, the Asylums, the Dispensary and Lying-in-Charities, and the Sickness and Death Registers of the District.

Now looking at all these circumstances, it seems desirable that the University should, without delay, decide whether it

¹ The details of this Scientific branch are left indistinct, as belonging to the Scientific Staff, and are hinted at only to make this general sketch more intelligible.

will undertake the organization of the Department of Practice before completing the Department of Science.

For not doing so there are three strong arguments :—

1. That a purely Scientific School of Biology, in the widest sense of the word, is a national want. Oxford has entered on providing it, and has yet very much to do towards the completion of it.

2. That the opportunities for the Practical Study of Medicine in our great Metropolitan Hospitals are unsurpassed in the world, and that similar opportunities cannot be found in Oxford.

3. That the University cannot afford to incur the danger to its Science School of having to adapt itself to imperfectly-trained Pass Students in Medicine, whose interest it would be to drag down the teaching of the Science Classes to the minimum of professional requirement. For this reason alone the University should free itself of all responsibility with regard to 'applied' Departments which it cannot entirely regulate.

But should it be thought desirable to found an independent practical School taught by the Infirmary, Dispensary, and Local Government Medical Officers, as above suggested, the Science Students, and (as will be presently shown) others also, would resort to it in proportion to the advantages which such a School at Oxford could offer in comparison with practical Schools elsewhere.

That a practical School so limited might be of real service could be easily shown. Though the University should not at present profess to teach, or to do original work, in all the subjects enumerated above, it would be to her interest in every way that the Medical Institutions of the City should be a model in all particulars to other towns. It is quite conceivable that just as in the Infirmary, every modern but real sanitary improvement, every sound method of administration, every arrangement for economy, for nursing, for training nurses, for sick cooking, could be shown to students ; so also the City as a City might be able to display such a harmony of organization in the medical charities, that the medical officers could teach, without waste of time or effort, in the dwellings of the sick poor what can only be taught and studied in them, as well as in the wards of the Hospital, the Asylum, or the Union.

The district of the surrounding Counties would, under the chief Medical Health Officer of the district, afford opportunity for the study of some of the laws affecting National Health.

In this way, though Oxford might not be resorted to for the purposes of an ordinary Medical School, it might have

the opportunity of teaching as a whole, and on an adequate scale, much that no ordinary School can wisely attempt.

In such a system as this, persons of either sex and of any age, and destined for any walk in life, medical men, clergy, missionaries (lay or ecclesiastic), nurses, might with much advantage be received.

After this introduction, which is too short to set forth the whole of a difficult subject, the questions at the head of these remarks may be succinctly answered thus :—

Adopting the view of developing only the Scientific side of Medicine and not the Practical, it is desirable to appoint immediately—

1. A Professor of General and Comparative Pathology.
2. A Demonstrator and Lecturer on Ophthalmology.
3. A Lecturer on Comparative National Health.
4. An Analyst and Demonstrator of Medical and Sanitary Chemistry and Microscopy, as Assistant to the Regius Professor.

These may be appointed for a period of not more than five years. The first, the second, and the third need not at present be resident; the fourth must be resident. One person may hold the two offices of Analyst and Demonstrator, or they may be divided between two persons. The last person or persons should be appointed by the Regius Professor of Medicine.

A capital sum is not required for these offices—an annual grant only for the first second, and third, and a grant to the Regius Professor for the fourth.

If any practical teaching be attempted, the duties and emoluments of the Clinical Professorship should be distributed on the principle indicated above, among those who join the proposed staff of Teachers.

In answer to the last question, it may be briefly said that grants for obtaining occasional work of importance in the department of Medicine, without fixing a capital sum for the purpose, are specially desirable.

In conclusion it may be remarked, that by the plans here briefly hinted at, opportunities will be afforded for thorough introductory education for younger Students, and for advanced Scientific research by older Medical Students and Medical Graduates, although for the bulk of the Students' time the large Medical Schools will always have to be resorted to.

Some subjects of much importance connected with the Faculty of Medicine are not touched upon in this communication, as not being within the scope of your questions.

H. W. A.

III.

TOPICS FOR ENQUIRY ON DISTRICT MEDICAL RELIEF, AND THE NEED THEREOF.

IN every District there are several classes of persons who, requiring medical advice, are unable to pay for it ; or, if they pay for it, or even if they obtain it gratuitously, cannot pay for medicine and medical appliances :—

- 1st. The mere 'indigent poor.'
- 2nd. Those who, not being indigent when in work, are ill cared for or fed when thrown out of work.
- 3rd. Those who, having had better education, earn small wages, but occupy a higher social position, as Governesses, Assistants in shops, and the like.
- 4th. Small Tradesmen.

For these, the following means of relief in sickness generally exist :—

1. The Medical Relief under the Poor Law.
 - a.* Out-of-door.
 - b.* In-door.
2. The Dispensary system.
 - a.* Out-Patients, attendance at the Dispensary Officer's house.
 - b.* Attendance at their own houses.
3. The Hospital system.
 - a.* In-Patients (curable cases).
 - b.* Out-Patients.
4. Special Hospitals.
 - a.* Hospitals for Incurable cases.
 - b.* Lock Hospitals.
 - c.* Infirmary for Eye diseases.
 - d.* The Lunatic Asylums.
 - e.* Habitual Drunkards' Retreats.
 - f.* Accommodation for Convalescents.

The following questions arise in every District :—

- a.* Are these several requirements provided?
- b.* Does the aid reach the right persons?
- c.* Is the aid administered without waste in management?
- d.* Do persons who do not need the aid obtain it?
- e.* Does the working population—
 1. Avail itself of sick clubs?
 2. Does it insure against sickness in any form?
 3. Does it help to maintain the Hospitals?
- f.* Do the Medical Charities act in concert one with the other, taking care, for instance, that those who need In-treatment get it, if they desire it, and that none occupy beds who would be as well treated at home?
- g.* Do the 'Local Authorities' maintain any public Hospital, or partly help to maintain Subscriptional Hospitals?

On what terms?

Are the terms remunerative to the Subscriptional Institutions?

For what cases?

Is there any systematic way of collecting subscriptions for the Subscriptional Hospitals; if so, under what conditions?
- h.* What is the general practice with regard to receiving In-Patients at the Workhouse Hospitals? are they strictly 'pauper cases,' or persons who have lived in other spheres?
- i.* Are there in the District provisions for obtaining Nurses for the poor?
- k.* Does the Hospital train Nurses—
 - a.* For the Poor?
 - b.* For the Paying Classes?
- l.* Does the Hospital receive cases on payment for In-treatment?
- m.* Is there any public provision other than the Poor Law for aiding the sick poor with food during illness?

If so, are steps taken, as at Elberfeld, to prevent waste of private charity?

IV.

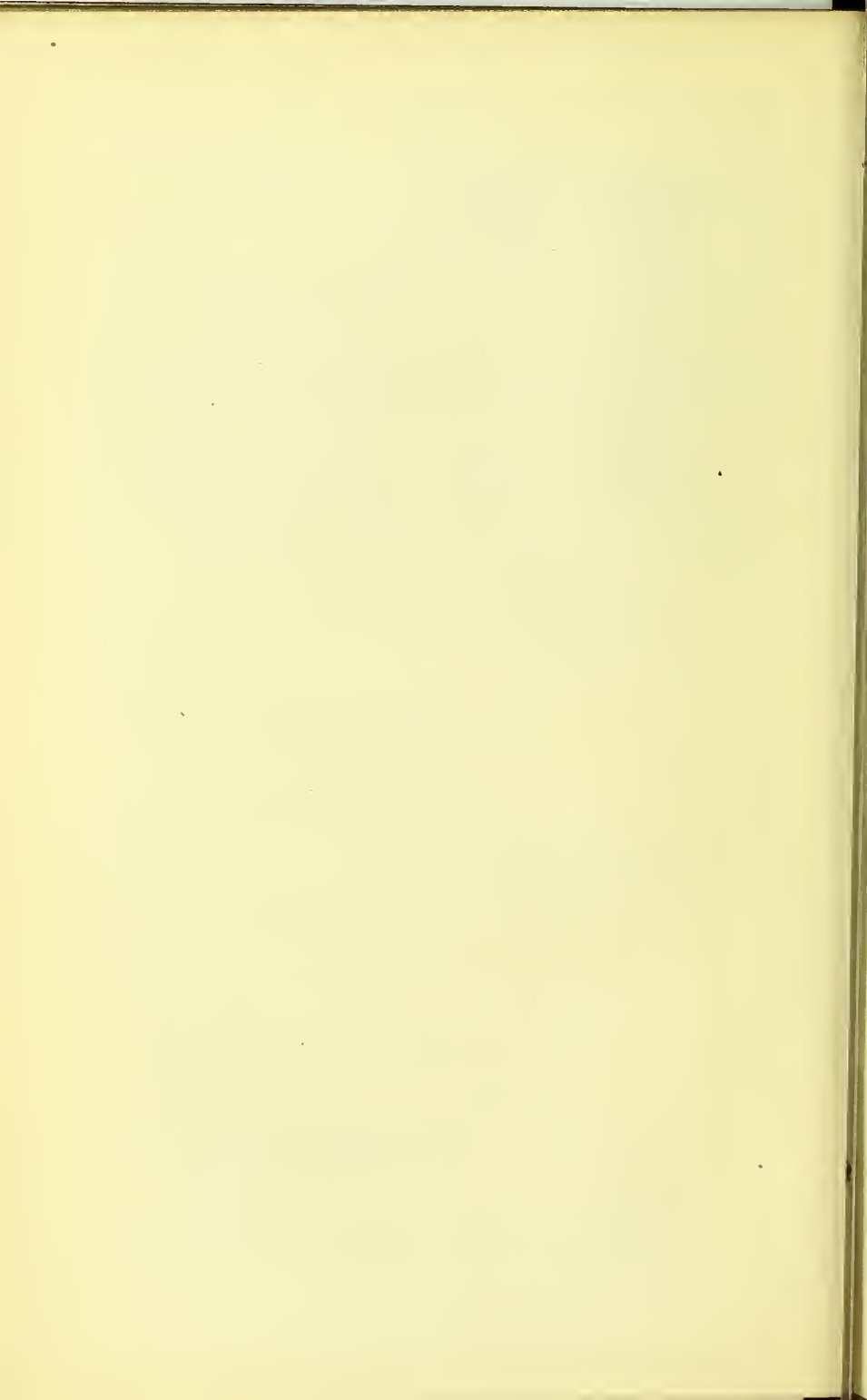
RADCLIFFE INFIRMARY.

WITH the purpose of putting before the Governors of the Infirmary succinctly the chief points which will have to be considered before completing the series of improvements which they have of late years been carrying on, the following list has been prepared. For convenience, completed works are included in the list.

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| 1. Accommodation for Out-patients. | Completed. |
| 2. Substitution of New Surgical Ward for Ward taken up by Out-patients' Department. | Completed. |
| 3. Chapel in place of old room on the first floor. | Erected. |
| 4. Closets and Lavatories for the Wards of the old Hospital. | Completed. |
| 5. Two Fever Blocks. | ONE completed.
Further separation Wards not agreed upon. |
| 6. Erection of North Corridor to communicate with New Blocks. | Ordered ; not begun. |
| 7. Removal of Laundry from improper site, and erection to the West. | Ordered ; partly begun. |

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| 8. Children's Wards. | Promised by a Lady, whose name is withheld only by desire. |
| 9. Alterations in Accident Ward, and elsewhere, in conformity with Mr. Radcliffe's Report. | In course of execution. |
| 10. Removal of mass of Patients from the Top Floor of the House. | Recommended by Scott, Rawlinson, Galton, Radcliffe. Not ordered. |
| 11. Extended Accommodation for Nurses. | Proposed to be provided on the Top Floor. |
| 12. Apartments for Nurses in Training by the Infirmary, for its own use, and for use in the district. | Proposed to be provided on the Top Floor when Training Nurses is agreed to. |
| 13. Removal of St. Paul's Girls' School. | Under consideration. |
| 14. Erection of New Blocks on Captain Galton's Ground-plan, for the reception of Patients removed from the old buildings, and for extension as required. | |
| 15. Laying out the Garden, now in hand, but formerly let off as a Market Garden. | Waiting completion of buildings. |
| 16. Instruction in Cooking for the Sick. | |
| 17. A suitable Clinical Laboratory for Scientific Study of Pathology. | Partially provided. |
| 18. Separate apartment adapted to Practical and Scientific Work for each Member of the Staff. | Provided. |
| 19. A decent and suitable Mortuary. | Partly completed. |

20. Formation of 'Provident Dispensary,' and offer to grant use of the Hall and Medical appliances for Officers of Visiting Dispensary. Under negotiation.
21. Arrangements for reception of persons in severe or infectious disease, on due and regulated payment—as Assistants in Shops, Students in Lodgings, Governesses, and others. For these classes *no provision exists in Oxford*. The principle is however partly accepted by receiving patients on payment from the Local Sanitary Authority, in order to save it the erection of a Hospital.



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